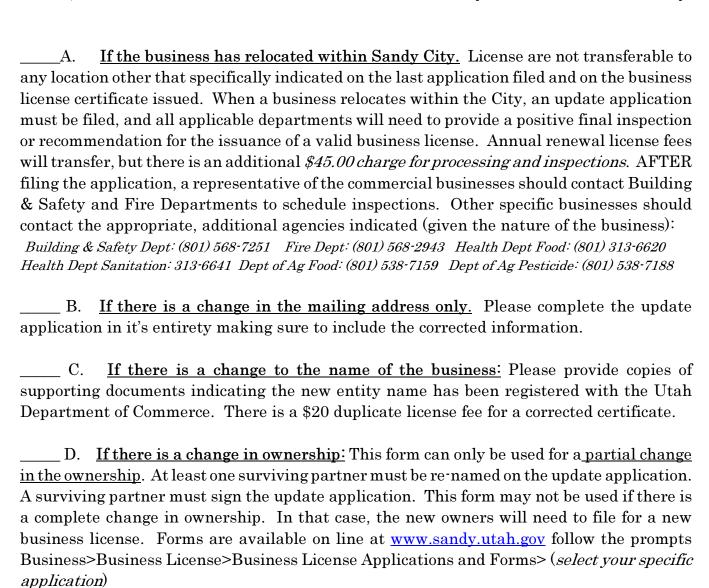


## GENERAL INSTRUCTIONS FOR UPDATING AN EXISTING SANDY CITY COMMERCIAL LICENSE APPLICATION

The enclosed application may be used to update certain information on an existing Commercial Sandy City Business License. You will need a separate license application or update for each business location. Please do not use this form to change ownership of an existing business (license are not transferable) or to file for a new business license, or for a business that has been licensed in another City and has relocated to Sandy.



PLEASE NOTE: All update applications must be accompanied by recent documentation of a valid or active entity status with the Utah Department of Commerce, and verification of a valid State Sales Tax Number (where applicable).

Where possible, renewal fees have been applied to the license account to avoid the possibility of late fees. If you have questions related to the update, please contact the license office at (801) 568-7252 or e-mail at <a href="mailto:BusLic@sandy.utah.gov">BusLic@sandy.utah.gov</a> and we will respond promptly.



## SANDY CITY UPDATE APPLICATION FOR EXISTING COMMERCIAL LICENSES

| DATE  | - |
|-------|---|
| LIC # |   |

## \*\*PLEASE PRINT OR TYPE IN BLACK INK\*\*

| FLLASL FN  | <u> </u>  | <u> </u>  |   | LACI  | 7 11141                                    | <u> </u>   |   |   |   |                           |   |   |                        |   |
|--|---|---|---|---|--|--|---|---|---|---------------------------|---|---|------------------------|---|
| BUSINESS NAME (DBA):   |   |   |   |   |  |  |   |   | OCAL PHONE #:                               |                           |   |   |                        |   |
| BUSINESS ADDRESS:  |   | CITY & STATE: Z   |   |   |  |  | ZIP                                     | ZIP:                                      |   |                           |   |   |                        |   |
| BILLING ADDRESS  |   |   |   |   | CITY & STATE:                              |  |   |   |   | ZIP                       | 1   |   | FAX:                   |   |
| DESCRIBE TYPE OF UPDAT   | E BEING R                                       | REQUESTED:  |   |   | STATE SALES TAX:                           |  |   |   | DB  | DBA: (ATTACH)             |   | OTHER:  |                        |   |
| Nature of Business:  |   |   |   |   |  |  |   |   |   |                           |   |   |                        |   |
| DO YOU USE, STORE OR MANUFACTURE ANY CHEMICAL, COMBUSTIBLE OR HAZARDOUS MATERIALS? YES / NO. IF YES, PLEASE DESCRIBE:  |   |   |   |   |  |  |   |   |   |                           |   |   |                        |   |
| SEXUALLY ORIENTED  | BUSINE  | ess Y/  | N; ARC  | ADE Y/  | N;   | SALES/C  | ONSUMP                                  | TION OF                                   | ALCOHOL                                     | Y/ N                      | /; 2nɪ  | HAND P  | AWN Y/ /               | V   |
| DATE OF CHANGE:, BUSINESS HOURS: FROMTO, M. T. W. TH. F. S. SU.  |   |   |   |   |  |  |   |   |   |                           |   |   |                        |   |
| *APPLICANT (   |   | Home Address  |   |   |  |  |   | Home Phone                                |   |                           |   |   |                        |   |
| 1.   |   |   |   |   |  |  |   |   |   |                           |   |   |                        |   |
| 2.   |   |   |   |   |  |  |   |   |   |                           |   |   |                        |   |
| 3.   |   |   |   | 7   |  |  |   |   |   |                           |   |   |                        |   |
| DA   | Р   | PROFESSIONAL LICENSE/MISC INFO  |   |   |  |  |   | DRIVER LICENSE NUMBER                     |   |                           |   |   |                        |   |
| 1.   |   |   |   |   |  |  |   |   |   |                           |   |   |                        |   |
| 2.   |   |   |   |   |  |  |   |   |   |                           |   |   |                        |   |
| 3.  BUSINESS ENTITY 1  | ·vpe· S   | SOLE PRO  | )PRIFT∩R  | Parti   | MERSH                                      | IP I   | IMITED I                                | LIABILITY                                 | / <b>C</b> O                                | Co                        | RPORATIO  | N   |                        |   |
| REGULATORY FEE   |   | 30.00   |   | FER FEE   |  | 45.00  | IVIII ED E                              | # OF E                                    |   | <u>_</u>                  | @ \$1   |   |                        |   |
| Sp. Regs/Beer  |   | 5.00  | INSPEC  |   |  | 340.00   |   |   | F APTMENT                                   |                           | @ \$17  |   |                        |   |
| DISPROP. FEE   |   |   |   | CATE LIC  | \$   | 20.00  |   |   |   |                           | TOTAL D   |   |                        |   |
| This application is changes, altering to owners and a major on this application license. This application of the constant of t | he DBA prity of Please ication ditions applican | A, minor f the own e contact may n may n softhis eration of this eration of this eration. | changes in<br>nership ren<br>it the license<br>ot be used<br>application<br>of such bus | the natural the natural the office for to trans  in . I agree siness. | re of t<br>same<br>or com<br><b>sfer a</b> | the busine<br>e), numbe<br>nputation<br>license to<br>onduct b | ess, add<br>r of em<br>of fees<br>o new | ing or d<br>ployees<br>(if any)<br>owners | leleting a<br>s, chango<br>that ma<br>ship. | an owes in to y be a with | ner (wher<br>he busine<br>issociated<br>Sandy C | re there<br>ss locat<br>I with up<br>lity Ord | are severation all may | nd origina<br>y be filed<br>e existing<br>and State |
| Eng Fir  | e   | PE  | )   | Dept<br>Health  |  | Plan/<br>Zone  |   | Bldg                                      |   | Admii<br>Svcs.            | 1   | Other/  | Describe               |   |